Improving the Quality of Life for PLHIV and Other Vulnerable Populations through a Coordinated Community Response

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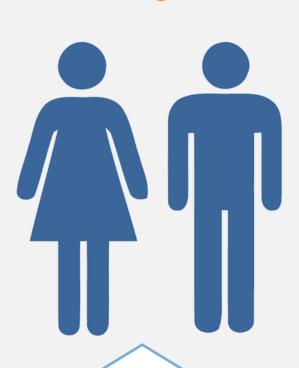
Introduction

Health facilities in Central America face challenges in delivering comprehensive, high-quality, and user-friendly HIV/AIDS prevention, care, and treatment for people living with HIV (PLHIV) and key populations at higher risk, including men who have sex with men, transgendered persons, and sex workers. Major issues include addressing stigma and discrimination from service providers; achieving integration with support services; and following up for adherence to antiretroviral therapy (ART). An integrated community response for comprehensive care and treatment, including prevention for positives through strong referral networks and facility-community partnerships, can address these challenges.

Coordinated Community Response

IntraHealth International has led the introduction and scale-up of a successful coordinated community response (CCR) approach in: **Belize, Costa Rica, El Salvador, Guatemala, and Panama** through the USAID|Central America Capacity Project. The goal of CCR is to provide respectful, effective, equitable, and high-quality services for people at risk for, living with, or affected by HIV in the context of the need for long-term care and treatment. CCR-initiated HIV networks include representatives from public health facilities, civil society organizations, and community groups that provide services in the facilities' catchment areas. Services offered through the networks range from educational outreach to peer counseling and legal support. IntraHealth also helps HIV networks establish a self-directed quality assurance (QA) system, which includes setting and monitoring service performance standards.

CCR improves access to, and the quality of, services involved in a comprehensive response to HIV, increasing client satisfaction.



The USAID | Central America Capacity Project promotes comprehensive HIV care and seeks to improve the quality of life of PLHIV and other key populations in Central America through a coordinated community response and facility-level performance improvement methodologies.

Who is included in the multisector HIV networks?

Health facilities
Ministries of health
Health areas
PLHIV support groups
Local government
Police
Military
Youth groups
Colleges/schools
Nongovernmental organizations
Social clubs
Civil society
Churches
Private sector

Women's organizations

Sexual diversity groups

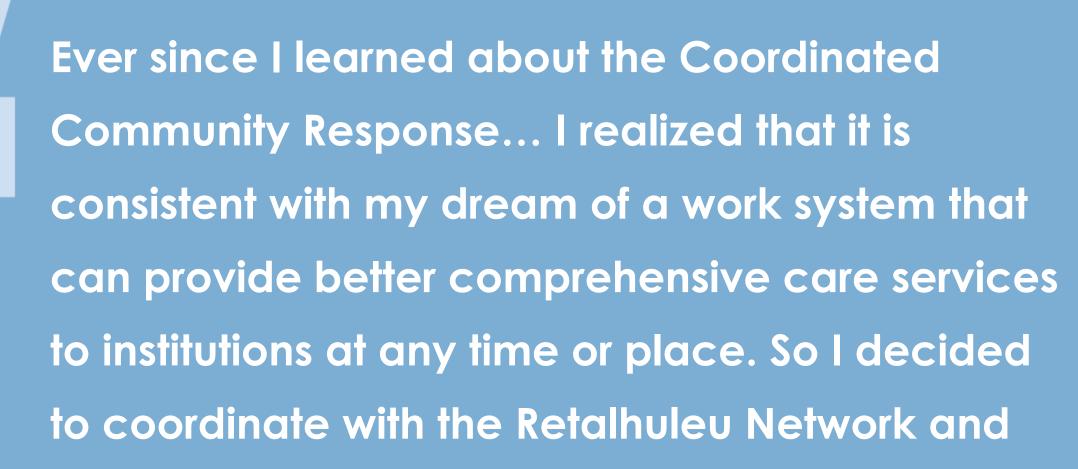
Success Story

In 2012, the USAID|Central America Capacity Project supported Guatemala's Retalhuleu Health Area in forming a multisector HIV network. With support from the Capacity Project, the HIV network's first activity was to establish the Comprehensive Care HIV Unit within Retalhuleu Hospital to address the scarcity of health services for PLHIV, low ART adherence, and poor coordination of services. The opening of a much needed HIV Unit represented a great accomplishment for the HIV network, especially in Guatemala where the priority for health investments is usually on preventing maternal mortality and child malnutrition.

The network is also committed to strengthening the knowledge and skills of individual members as well as member organizations and other institutions. Training topics include reducing stigma and discrimination, human rights and the legal framework for PLHIV, pre- and posttest counseling for HIV, ART adherence, and teamwork.

The Retalhuleu multisector HIV network owes its success in improving access to services for PLHIV to the Capacity Project's close collaboration, strong backing by institutional authorities, and political support from local government, leading to the creation of efficient and coordinated committees engaged in advancing the network's goals.





seek support from the Capacity Project.

Retalhuleu Network Coordinator

Components of Holistic Care

Primary prevention and promotion: Activities to reduce new HIV infections and health promotion

Counseling and testing: Direct and private testing and counseling, linking PLHIV to a network of services

Clinical care: Health services to maintain good health before and during ART

Support services: Nonmedical needs of PLHIV and their families; psychological, social, legal, spiritual, material/financial, employment-related, housing, and group therapy services

Treatment: Administration of ART and promotion of treatment adherence

Referral systems: Bidirectional referral systems linking local support services and nonmedical care.

Results

The CCR approach is improving adherence to ART and facilitating bidirectional referrals among outreach workers, health workers, and other community workers and volunteers. Baseline QA assessments for 27 networks in five countries showed that on average their services scored 35% against performance standards. One year later, the average network performance score increased to 56%, with substantial improvements in counseling, diagnosis, and ART adherence. El Salvador achieved the highest average performance improvement (an increase of 40 percentage points), while Costa Rica had the lowest increase (5 percentage points).

Key Lessons Learned

- Use participatory methods to foster partnerships and contribute to local empowerment and sustainability.
- Systematic quality assurance is important and should include clear service performance standards, regular monitoring, and use of data for continuous quality improvement.

Next Steps

One of CCR's main contributions is increased participation of key populations including PLHIV, who are helping create support groups and service linkages. The networks' inclusion of men who have sex with men and transgendered persons has raised awareness about sexual diversity. The Capacity Project and CCR successes are paving the way for 17 additional multisector HIV networks, for a planned total of 44 networks.

